



*Washington State*  
**MAIN STREET**  
PROGRAM

**Affiliate Community Application**  
Washington State Main Street Network

**Organization Information**

Community Represented: \_\_\_\_\_

We are a:

Local Government

Non-profit Organization

Partnership

Other

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

**Community Profile**

Population: \_\_\_\_\_

Is your community a Certified Local Government?      Yes      No

State Senator & District: \_\_\_\_\_

State Representative & District #: \_\_\_\_\_

City Mayor: \_\_\_\_\_

Mayor's Street Address: \_\_\_\_\_

Mayor's City, State, Zip: \_\_\_\_\_

Please include a map illustrating your downtown district.

**Downtown Area**

Approximately how many buildings are in your downtown district? \_\_\_\_\_

Approximately how many businesses are in your downtown district? \_\_\_\_\_

In general, what is the condition of the buildings in your downtown district?

What are your downtown and community assets (businesses, buildings, social fabric, organization, etc.)?

Describe the historical and/or cultural significance of your downtown district to the community.

Why does your community want to become a Washington State Main Street Program Affiliate?

What does your community expect to achieve by being an Affiliate?